

28

FILED

6/9/2016

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

RECEIVED

MAR 14 2016 EAG

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

LAMONT ARMSTRONG

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Case No: _____
(To be supplied by the Clerk of this Court)

THOMAS J. DART

JOHN DOE(S)

JANE DOES

16-cv-3327
Judge Milton I. Shadur
Magistrate Judge Jeffrey Cole
PC7

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

- ☒ **COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983**
U.S. Code (state, county, or municipal defendants)
- ☐ **COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE**
28 SECTION 1331 U.S. Code (federal defendants)
- ☐ **OTHER (cite statute, if known)**

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I. Plaintiff(s):

- A. Name: THOMAS J. DART LAMONT ARMSTRONG
- B. List all aliases: N/A
- C. Prisoner identification number: M30464
- D. Place of present confinement: BIG MUD RIVER C.C.
- E. Address: 251 N. ILLINOIS HWY 37, INA, IL 62846

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: THOMAS J. DART
Title: SHERIFF OF COOK COUNTY ILLINOIS
Place of Employment: COOK COUNTY SHERIFF'S DEPARTMENT
- B. Defendant: JOHN / JANE DOES
Title: PLUMBING (MAINTENANCE DEPT)
Place of Employment: COOK COUNTY JAIL
- C. Defendant: JOHN / JANE DOES
Title: FACILITIES MANAGEMENT
Place of Employment: COOK COUNTY JAIL

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: N/A
- B. Approximate date of filing lawsuit: N/A
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
- D. List all defendants: N/A
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A
- F. Name of judge to whom case was assigned: N/A
- G. Basic claim made: N/A
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A
- I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

COUNT 1) FROM THE DATE OF MAY 8TH, 2015 UNTIL THE DATE OF 28TH, 2015, PLAINTIFF WAS WITHOUT FUNCTIONING TOILET/ COMMUNE FACILITIES IN HIS CELL. (20 DAYS LOCKED IN A CELL SOMETIMES UP TO 23 HOURS A DAY w/out proper plumbing) PLAINTIFF WAS FORCED TO LIVE IN UNCONSTITUTIONAL CONDITIONS (VIOLATING THE 8TH AMEND OF THE U.S. CONSTITUTION "PROTECTED FROM CRUEL & UNUSUAL PUNISHMENT" ALONG w/ LOCAL JAIL/PRISON REGULATORY CODES.) PLAINTIFF HAD TO ENDURE PAINFUL HOLDING OF HIS BOWEL MOVEMENT OR ON OCCASION THE FEELING WAS TOO UNCOMFORTABLE HE WOULD (URINATE/DEFECATE) IN WHICH WOULD STAY & BUILD UP IN THE "BROKEN" TOILET FOR THE DURATION OF INCIDENT ABOVE. (SEE ATTACHED EXHIBITS (a),(b),(c),(d),(e) [GRIEVANCES].

COUNT 2) FOR THE DURATION OF PLAINTIFFS STAY IN DIVISION 9, THE CELL CEILING LEAKED, CREATING MOIST (CAUSING FOR UNSANITARY LIVING CONDITIONS) VIOLATING THE 8TH AMEND OF THE U.S. CONSTITUTION. FURTHER, THE LEAKING ROOF WAS CAUSING

DAMAGE TO PLAINTIFF'S PERSONAL PROPERTY. (SEE EXHIBITS: (L), (P-J)
ALSO SEE ATTACHED ILLEGIBLE GRIEVANCES (EXHIBIT (K)).

COUNT 3) PLAINTIFF HOLDS THAT COUNT 2 CAME
ABOUT DUE TO RETALIATORY ACTIONS BY STAFF FOR
GRIEVANCE WRITTEN ON COUNT 1.

FURTHER, PLAINTIFF IN GOOD FAITH SOUGHT TO
REMEDY THE ISSUE @ LOCAL LEVEL TO NO AVAIL. AS
A RESULT OF THE ABOVE, PLAINTIFF HAS LOST PROPERTY
& HAS A FEAR THAT THE STATE MAY ONCE AGAIN LEAVE HIM
IN AN UNSANITARY POSITION & THIS HINDERS HIS DAY
TO DAY FUNCTION (ONCE LOCKED IN CELL).

EPA COMPLAINT

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

① ~~COMPENSATORY~~ Monetary Relief For Loss of Property & Funds Due To
This Cause. ② PUNITIVE Damages ③ NOMINAL Damages (where
Applicable). & ④ Damages For Pain & Suffering.
END RELIEF

VI. The plaintiff demands that the case be tried by a jury.



YES



NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 12/11 day of May, 2016

Lamont Armstrong
 (Signature of plaintiff or plaintiffs)

Lamont Armstrong
 (Print name)

M30464
 (I.D. Number)

251 N. ILLINOIS Hwy 37
WA, IL 62846
 (Address)

ATTACHED EXHIBITS

- (a) GRIEVANCE [DATED 6-2-15] (1pg)
- (b) GRIEVANCE [DATED 6-3-15] (1pg)
- (c) GRIEVANCE [DATED 6-15-15] (1pg)
- (d) GRIEVANCE [DATED 6-16-15] (1pg)
- (e) GRIEVANCE [DATED 6-18-15] (1pg)
- (f) GRIEVANCE [DATED 6-20-15] (1pg)
- (g) GRIEVANCE [DATED 6-21-15] (1pg)
- (h) GRIEVANCE [DATED 7-18-15] (1pg)
- (i) GRIEVANCE [DATED 7-19-15] (1pg)
- (j) GRIEVANCE [DATED 7-24-15] (1pg)
- (k) MISC. GRIEV. THAT IS ALLEGABLE DUE TO BAD COPY
BY SHERIFF'S OFFICE. (2pgs)
- (l) WORK ORDER [DATED 6-23-15] (1pg)



COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)
INMATE GRIEVANCE FORM
(Formulario de Queja del Preso)

Inmate #: 0567533
CODE: 170

☐ GRIEVANCE

☒ NON-GRIEVANCE (REQUEST)

CONTROL #

NA

!This section is to be completed by Program Services Staff - ONLY! (! Para ser llenado solo por el personal de Program Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☒ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☒ SUPERINTENDENT: 09-Supt
☐ OTHER: _____

Program Services Supervisor Approving Non-Grievance (Request) Signature _____

PRINT - INMATE LAST NAME (Apellido del Preso):

Armstrong

INMATE INFORMATION (Información del Preso)

PRINT - FIRST NAME (Primer Nombre):

LAMONT

ID Number (# de identificación):

20140527267

DIVISION (División):

9

LIVING UNIT (Unidad):

3-D

DATE (Fecha):

06/02/15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- * An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request / Response / Appeal Form.
* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the request is deemed unsatisfactory.

- * Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas / Respuesta / Forma de Apelación.
* Cuando una queja se procesa como una QUEJAS NO (PETICIÓN), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE:
(Por Favor, Incluya:

Date of Incident
Fecha Del Incidente

Time of Incident
Hora Del Incidente

Specific Location of Incident
Lugar Especifico Del Incidente

I made a Complaint about toilet not working. The plumber didn't come until twenty day later. the complaint was made on may 8, 2015. The plumber came may 28, 2015. After I told officers I had to wait til come out cell to use bathroom I in dayroom and most of the days my living unit Division 9 3-D been on 23 and 1, one hour out the cell twenty-three in the cell or lockdown so something force use it.

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitando):

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información):

INMATE SIGNATURE (Firma del Preso):

Lamont Armstrong

SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION

CRW / PLATOON COUNSELOR (Print):

Cheryl Davis

SIGNATURE:

[Signature]

DATE CRW/PLATOON COUNSELOR RECEIVED:

6/3/15

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

1/1/15


COOK COUNTY SHERIFF'S OFFICE
 (Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM
 (Petición de Queja del Preso / Respuesta / Forma de Apelación)

☐ GRIEVANCE

☒ NON-GRIEVANCE (REQUEST)

CONTROL #

NA

INMATE LAST NAME (Apellido del Preso):

Armstrong

INMATE INFORMATION (Información del Preso)

INMATE FIRST NAME (Primer Nombre):

Lamont

ID Number (# de identificación):

2014-129267

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE
 (EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

170 - living conditions

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

RESPONSE BY PERSONNEL HANDLING REFERRAL:

DATE REFERRED:

6/3/15

PERSONNEL RESPONDING TO GRIEVANCE (Print):

CC 30

SIGNATURE:

CC 30

DIV. / DEPT.

9

DATE:

6/24/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:

☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

Lamont

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida):

6/2/15

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
 * Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
 ¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

No

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelación):



COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)
INMATE GRIEVANCE FORM
(Formulario de Queja del Preso)

Inmate #: 0567533
CODE: 170

GRIEVANCE

☐ NON-GRIEVANCE (REQUEST)

CONTROL #

170 2015A 3037

!This section is to be completed by Program Services Staff - ONLY! (¡Para ser llenado solo por el personal de Program Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☒ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT:
☐ OTHER: Facilities Management

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Armstrong

PRINT - FIRST NAME (Primer Nombre):

Lamont

ID Number (# de identificación):

20140527267

DIVISION (División):

9

LIVING UNIT (Unidad):

3-D

DATE (Fecha):

06/15/15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- * An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request / Response / Appeal Form.
* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the request is deemed unsatisfactory.
* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas / Respuesta / Forma de Apelación.
* Cuando una queja se procesa como una QUEJAS NO (PETICIÓN), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE:
(Por Favor, Incluya:

Date of Incident -

Time of Incident -

Specific Location of Incident

Fecha Del Incidente -

Hora E / Incidente -

Lugar Especifico Del Incidente)

All through the month of June it been raining hard. cause of the rained ceiling have been leaking with water from rain. I notify Sheriff ~~with~~ several times and nothing happen. I have been living with leaking ceiling a little over two week now. And no one didn't do anything about it. This is in human. This violate my living conditions not even that but the dayroom ceiling leaking too. The cook county jail's Inmate Information handbook said I have the right to clean and sanitary living conditions chapter three of Inmate rights

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitando):

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información):

Lamont Armstrong

INMATE SIGNATURE (Firma del Preso):

Lamont Armstrong

SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW / PLATOON COUNSELOR (Print):

[Signature]

SIGNATURE:

[Signature]

DATE CRW/PLATOON COUNSELOR RECEIVED:

6/15/15

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

1/1/15


COOK COUNTY SHERIFF'S OFFICE
 (Oficina del Alguacil del Condado de Cook)

0567533

☒ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

INMATE GRIEVANCE RESPONSE / APPEAL FORM
 (Petición de Queja del Preso / Respuesta / Forma de Apelación)

CONTROL #

2015X3037

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Armstrong

INMATE FIRST NAME (Primer Nombre):

Lamont

ID Number (# de identificación):

80140527267

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

170 Living Conditions

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (If applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Carmak Health services, Personnel):

Facilities Management

DATE REFERRED:

6/16/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

WORK ORDER HAS BEEN SUBMITTED TO CHECK SAID COMPLAINT

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Ben DANIEL

SIGNATURE:

Ben Daniel

DIV. / DEPT.

Admin

DATE:

6/23/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

Lamont Armstrong

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida):

6/30/15

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

No

☐☐

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)).

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelación):



COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)
INMATE GRIEVANCE FORM
(Formulario de Queja del Preso)

Code: 120
05075330
192
2012

☐ GRIEVANCE ☒ NON-GRIEVANCE (REQUEST)

CONTROL #

N/A

! This section is to be completed by Program Services staff - ONLY ! (! Para ser llenado solo por el personal de Program Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☒ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT:
☒ OTHER: Inmate Service

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso): <u>Armstrong</u>	PRINT - FIRST NAME (Primer Nombre): <u>LAMONT</u>	ID Number (# de identificación): <u>20140527267</u>
DIVISION (División): <u>9</u>	LIVING UNIT (Unidad): <u>3-D</u>	DATE (Fecha): <u>06/18/15</u>

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- * An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- * Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- * When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.

* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.

* Cuando una Queja se procesa como una QUEJAS NO (PETICIÓN), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE: Date of Incident - Time of Incident - Specific Location of Incident
(Por Favor, Incluya: Fecha Del Incidente - Hora Del Incidente - Lugar Específico Del Incidente)

It been two weeks and never got a response on my Grievance about my toilet not work flushing and the plumber come twenty days later leaving me in the cell with a toilet that don't flush which was inhuman and violate my living conditions. Cook County Department of Corrections Inmate Information hand Book say I have to being housed in a cell that has a functioning toilet!

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitado):

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información):

INMATE SIGNATURE (Firma del Preso):

Lamont Armstrong

SUPERINTENDENTS/DIRECTORS/DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print): <u>Pandolfo</u>	SIGNATURE: <u>[Signature]</u>	DATE CRW/PLATOON COUNSELOR RECEIVED: <u>6/23/15</u>
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED: <u>1/1/15</u>



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

Inmate #:

0567533

☐ GRIEVANCE☒ NON-GRIEVANCE (REQUEST)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CODE:

330

CONTROL #

N/A

This section is to be completed by Program Services Staff - ONLY! (Para ser llenado solo por el personal de Program Services!)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☒ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☒ SUPERINTENDENT: 09
☐ OTHER:

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Armstrong

PRINT - FIRST NAME (Primer Nombre):

Lamont

ID Number (# de identificación):

20140657207

DIVISION (División):

9

LIVING UNIT (Unidad):

3-D

DATE (Fecha):

06 / 20 / 15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- * An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
 * Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request / Response / Appeal Form.
 * When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an Inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the request is deemed unsatisfactory.
 * Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
 * Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas / Respuesta / Forma de Apelación.
 * Cuando una queja se procesa como una QUEJAS NO (PETICIÓN), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE:

(Por Favor, incluya:

Date of Incident

Fecha Del Incidente

Time of Incident

Hora Del Incidente

Specific Location of Incident

Lugar Especifico Del Incidente)

June 18, 2015 12 noon we went on lockdown. June 20 2015 we came off lockdown It was 54 hours since had a shower or talk to my family stuck in the cell to remind the 54 hour spent in filthy cell the ceiling been leaking with rain water from roof. create an unsanitary environment that could expose me And other to diseases

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitando):

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información):

INMATE SIGNATURE (Firma del Preso):

Lamont Armstrong

SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW / PLATOON COUNSELOR (Print):

Pondexter

SIGNATURE:

[Signature]

DATE CRW / PLATOON COUNSELOR RECEIVED:

6 / 22 / 15

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

1 / 1 / 15



COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)
INMATE GRIEVANCE FORM
(Formulario de Queja del Preso)

Code: 170
0567533

☐ GRIEVANCE ☒ NON-GRIEVANCE (REQUEST)

CONTROL #

N/A

This section is to be completed by Program Services Staff - ONLY! (Para ser llenado solo por el personal de Program Services)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☒ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT:

☒ OTHER: Inmate Service

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso): <u>Armstrong</u>	PRINT - FIRST NAME (Primer Nombre): <u>Lamont</u>	ID Number (# de identificación): <u>20140527267</u>
DIVISION (División): <u>9</u>	LIVING UNIT (Unidad): <u>3-D</u>	DATE (Fecha): <u>06/21/15</u>

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- * An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request / Response / Appeal Form.
* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the request is deemed unsatisfactory.
* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas / Respuesta / Forma de Apelación.
* Cuando una queja se procesa como una QUEJAS NO (PETICIÓN), un preso podrá re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE: (Por Favor, Incluya: Date of Incident (Fecha Del Incidente) Time of Incident (Hora Del Incidente) Specific Location of Incident (Lugar Específico Del Incidente)

I'm notified my tier officer Katsrears about sanitation concerns for water leaking from the ceiling. Cell #3392 tier 3-D Division 9 And still nobody have come to look at it or fix it. And it been Almost a month now. Last grievance complaint filled out it had rained three more times since put in the last grievance even the dayroom ceiling still leaking making the whole tier unsanitary environment.

ACTION THAT YOU ARE REQUESTING (Acción que está solicitando):

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información):

INMATE SIGNATURE (Firma del Preso):

Lamont Armstrong

SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW / PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW / PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM
(Formulario de Queja del Preso)

Inmate #: 0567533
CODE: 170

☒ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL # 201503698

! This section is to be completed by Program Services staff - ONLY ! (! Para ser llenado solo por el personal de Program Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☒ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☒ SUPERINTENDENT: 09
☐ OTHER: _____

Program Services Supervisor Approving Non-Grievance (Request) Signature

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Armstrong

PRINT - FIRST NAME (Primer Nombre):

LA mont

ID Number (# de identificación):

20140527267

DATE (Fecha):

07/18/15

DIVISION (División):

9

LIVING UNIT (Unidad):

3-D

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- * An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- * Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- * When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- * Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- * Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- * Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE:
(Por Favor, Incluya:

Date of Incident - Time of Incident - Specific Location of Incident
Fecha Del Incidente - Hora Del Incidente - Lugar Específico Del Incidente)

July 16 2015 Division 9 tier 3-D Cell# 3392 I been putting in grievance
In about ceiling leaked. it been a month now since they put in work
order to come check my complaint But no one have come it been raining and
water leaking in the cell no cleaning supplies have given to clean the water up. Not
just that dayroom area ceiling have leakage specially around phone area And
The water leakage from the ceiling damage my magazine, legal paper.

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitado):

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE (Firma del Preso):

LA mont Armstrong

SUPERINTENDENTS/DIRECTORS/DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Pondexter

SIGNATURE:

[Signature]

DATE CRW/PLATOON COUNSELOR RECEIVED:

7/23/15

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

[Signature]

DATE REVIEWED:

1/1/15



COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)
INMATE GRIEVANCE FORM
(Formulario de Queja del Preso)

0567033

170

☒ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

201513628

This section is to be completed by Program Services staff - ONLY! (! Para ser llenado solo por el personal de Program Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☒ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

☐ CERMAK HEALTH SERVICES

☒ SUPERINTENDENT: 09

☐ OTHER:

Program Services Supervisor Approving Non-Grievance (Request) Signature

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Armstrong

PRINT - FIRST NAME (Primer Nombre):

Lamont

ID Number (# de identificación):

20140327267

DATE (Fecha):

07, 19, 15

DIVISION (División):

9

LIVING UNIT (Unidad):

3-D

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- * An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- * Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- * When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.

* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

- * Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- * Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE: Date of Incident - Time of Incident - Specific Location of Incident
(Por Favor, Incluya: Fecha Del Incidente - Hora Del Incidente - Lugar Especifico Del Incidente)

July 16, 2015 Tier 3-D Division 9 cell # 3392 The water leakage from the ceiling damage my magazines legal paper. haven't giving no cleaning supplies to clean the water up.

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitado):

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE (Firma del Preso):

Lamont Armstrong

SUPERINTENDENTS/DIRECTORS/DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Pondexter

SIGNATURE:

[Signature]

DATE CRW/PLATOON COUNSELOR RECEIVED

5/23/15

DATE REVIEWED:

1/1

(FCN-47)(NOV 11)

(WHITE COPY - PROGRAM SERVICES)

(YELLOW COPY - CRW/PLATOON COUNSELOR)

(PINK COPY - IN)



COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM
(Petición de Queja del Preso / Respuesta / Forma de Apelación)

Inmate #: 0367533

CODE: _____

☒ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

2015 X 3698

INMATE INFORMATION (Información del Preso)

ID Number (# de identificación):

20140527267

INMATE LAST NAME (Apellido del Preso):

Armstrong

INMATE FIRST NAME (Primer Nombre):

Lament

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

NO Living conditions

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

DATE REFERRED:

7/24/15

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

RESPONSE BY PERSONNEL HANDLING REFERRAL:

SENTINEL WAS NOTIFIED TO TAKE CLEANING SUPPLIES TO TIER 3-D. WORK ORDER PREVIOUSLY SUBMITTED FOR ROOF REPAIR.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

CMR. Hickman

SIGNATURE:

[Signature]

DIV. / DEPT.

9

DATE:

8/2/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

[Signature]

DIV. / DEPT.

1

DATE:

1/1

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: _____☐ NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

Mailed to 100cDATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida):8/6/15

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- * To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
- * Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): _____

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
(Apelación del detenido aceptada por el administrador o su designado(a))?

Yes (Si)

☐

No

☐

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

8/6/15

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelación):8/6/15



COOK COUNTY SHERIFF'S OFFICE
 (Oficina del Alguacil del Condado de Cook)
INMATE GRIEVANCE FORM
 (Formulario de Queja del Preso)

☐ GRIEVANCE

☒ NON-GRIEVANCE (REQUEST)

CONTROL

Completed by Program Services Staff - ONLY / Por ser completado solo por el personal de Program Services

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☒ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☒ SUPERINTENDENT: 29
☐ OTHER: _____

Program Services Supervisor Approving Non-Grievance (Request) Signature

INMATE INFORMATION (Información del Preso)

PRINT NAME (Apellido del Preso):

PRINT FIRST NAME (Primer Nombre):

ID Number (# de identificación):

Division (División):

LIVING UNIT (Unidad):

DATE (Fecha):

BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso)

An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
 Inmate Discipline Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request / Response / Appeal Form.
 When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number".
 If there has been no response to the request or the request is deemed unsatisfactory.

* Un preso que desea tener una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
 Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas / Respuesta / Forma de Apelación.
 Cuando una queja es procesada como una QUEJA NO (PETICIÓN), un preso podrá re-someter una Queja después de los 15 días para recibir un "Número de Control",
 ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE:
 (Por Favor, Incluya)

Date of Incident
 Fecha Del Incidente

Time of Incident
 Hora Del Incidente

Specific Location of Incident
 Lugar Específico Del Incidente

[Handwritten summary of the complaint follows, detailing an incident involving a staff member and an inmate.]

ACTION THAT YOU ARE REQUESTING (Acción que está solicitando):

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT
 Nombre del personal o presos que tengan información:

INMATE SIGNATURE (Firma del Preso):

ALL CRW / PLATOON COUNSELORS OF JURISDICTION MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE. STAFF ARE EXEMPT.
 ALL PETITIONS BY PRISONERS. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIAL IMMEDIATE ACTION.

CRW / PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW / PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT / DIRECTOR / DEB ONE (Print):

SIGNATURE:

DATE REVIEWED:

COPIES:

WHITE COPY - PROGRAM SERVICES

YELLOW COPY - CRW / PLATOON COUNSELOR

PINK COPY - INMATE



COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM
(Petición de Queja del Preso / Respuesta / Forma de Apelación)

☐ GRIEVANCE

☒ NON-GRIEVANCE (REQUEST)

CONSOLE

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (Número de identificación):

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Carnak, Health services, Personnel):

DATE REFERRED:

RESPONSE BY PERSONNEL HANDLING REFERRAL:

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV. / DEPT.:

DATE:

Superintendent of a division will must review all responses to grievances alleging staff use of force, staff misconduct, and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.:

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:

☐ GRIEVANCE SUBJECT CODE:

☐ NON-GRIEVANCE SUBJECT CODE:

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

No

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelación):

FORM 18 (Rev. 03/14)

WHITE COPY - PROGRAM SERVICES

YELLOW COPY - CRW / PLATOON COUNSELOR

PINK COPY - INMATE

Edit Work Order Enter New Call View Pending Calls Search Admin Home Logoff

Facility Management # 972342

DOC # DOC15-11535

6/23/2015 8:02:00 AM

Description of Problem

6/23/2015 8:02:00 AM

Unit / Name

Location of Problem

Work Type: Engineer

Division: Division 9

2854 West 31st Street

Problem: PLEASE CHECK FOR ROOF LEAK
(COMPLAINTS OF LEAKS WHEN IT RAINS)

Floor:

Location: 3D-3392

Misc:

Facility #:

Resolution:

Onsite Contact
Information

Daniel, Ben

4-7918

Email:

Work Order Coordinator: Ben Daniel

Work phone:

Name Date Action

Vernita

Jones

☒ Reviewed by Supervisor ☒ Closed Ticket

Facility Management Status: Open

Comments:

Update

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Notice: Access to data is restricted to authorized users only.

AFFIDAVIT

I MICHAEL S. WILSON #ROG15 OF Big
Muddy River C.C. DO SWEAR UNDER OATH &
PENALTY OF PERJURY THAT, I ADVOCATED FOR
MR. LAMONT ARMSTRONG #M30464 & COMPLETED
THE EXCUSED "1983" AS THE PLAINTIFF IS
ILLITERATE TO LEGAL PROCEDURES. FAILURE TO PROVIDE
PLAINTIFF W/ ATTORNEY WOULD HINDER HIS ACTION.

FURTHER AFFIRMED SUBJECT MATTER.

3-8-16

DATE

151

MICHAEL S. WILSON #ROG15

251 N. ILLINOIS HWY 37

HA IL. 62846

Signed before me this 3-8-16.

Notary Public



AFFIDAVIT

I MICHAEL S. WILSON #ROG15 OF Big
Muddy River C.C. Do Swear UNDER OATH &
PENALTY OF PERJURY THAT, I ADVOCATED FOR
MR. LAMONT ARMSTRONG #M30464 & COMPLETED
THE EXCUSED "1983" AS THE PLAINTIFF IS
ILLITERATE TO LEGAL PROCEDURES. FAILURE TO PROVIDE
PLAINTIFF W/ ATTORNEY WOULD HINDER HIS ACTION.

FURTHER AFFIRMED SUBJECT MAT.

3-8-16

DATE

151

MICHAEL S. WILSON #ROG15

251 N. ILLINOIS Hwy 37

MA IL 62846

Signed before me this 3-8-16.

Notary Public



1.86
Lamont Armstrong # M30464
251 N. KILNERS Hwy 37
Hwy 12 62846

2016 MAR 14 AM 11:18

AB

16-cv-3327
Judge Milton I. Shadur
Magistrate Judge Jeffrey Cole
PC7

THIS CORRESPONDENCE
IS FROM AN INMATE OF
THE ILLINOIS
DEPARTMENT OF
CORRECTIONS



United States District Court House
Northern Division
219 S. Dearborn St.
Chicago, IL 60604

LEGAL
MAIL